

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/552171

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		2		2
4		2		2		2
5		2		2		2
6		0		1		1
7		0		1		1
8		0		1		1
9		0		2		2
10		0		1		1
11		0		1		1
12		0		1		1
13		0		1		1
14		0		1		1
15		0		1		1
16		0		2		2
17		0		2		2
18		0		2		2
19		0		2		2
20		0		2		1
21		0		2		1
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24		0		2		1
25		0		1		1
26		0		1		1
27		0		0		1
28		0		0		1
29		0		1		1
30		0		1		1
31		0		1		1
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TOTAL IND.		↓		↓	1	↓
TOTAL DEP.		←		←	43	←
TOTAL CLAIMS					44	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						